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CONFIRMATION NO. 5105

SERIAL NUMBER 10/670,069	FILING DATE 09/24/2003 RULE	CLASS 330	GROUP ART UNIT 2817	ATTORNEY DOCKET NO. TI-35901					
APPLICANTS Raymond Elijah Barnett, W. Apple Valley, MN;									
** CONTINUING DATA ***** <i>None</i> <input checked="" type="checkbox"/>									
** FOREIGN APPLICATIONS ***** <i>None</i> <input checked="" type="checkbox"/>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/15/2003									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Abauk</i> Examiner's Signature Initials </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> STATE OR COUNTRY MN </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> SHEETS DRAWING 1 </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> TOTAL CLAIMS 23 </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> INDEPENDENT CLAIMS 2 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Abauk</i> Examiner's Signature Initials	STATE OR COUNTRY MN	SHEETS DRAWING 1	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 2
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ADDRESS Dan Swayze Texas Instruments Incorporated P.O. Box 655474, M/S 3999 Dallas , TX 75265									
TITLE Impedance matched low noise amplifier									
FILING FEE RECEIVED 804	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____
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